

FILED **OCT 3 1946** **STANDARD CERTIFICATE OF DEATH**

State File No. 31407

Registration District No. 367

Primary Registration District No. 6076

Registrar's No. 1990

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Rock Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 167 days
(Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2804 Delmar Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAL, FRANCIS GRAY

3. (b) If veteran, name war NO 3. (c) Social Security No. ?

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Leads Gray 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased (Month) 9 (Day) 2 (Year) 27

8. AGE: Years 19 Months 0 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Memphis Tenn (City, town, or county) (State or foreign country)

10. Usual occupation food handler

11. Industry or business none

12. Name Abner Hayes
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
14. Maiden name Lucille Riley
15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Hospital record
(b) Address Koch Hospital, Koch, Mo.
17. (a) Removal (b) Date thereof 9-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brindley Ark.

18. (a) Signature of funeral director HOWELL Udco.
(b) Address 2834 Maple
19. (a) 9-25-46 (b) Arthur J. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21st year 1946 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 12, 1946, to Sept 21st, 1946, that I last saw him alive on Sept 21st, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 8 mo
Due to _____

Due to 136
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy yes
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____ (c) Means of injury _____
23. Signature Thomas Schuman (M. D. or other) _____
Address Koch Hospital Date signed 9-21-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

85
2-46

APR 15 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Chas. L. Howell

Licensed Embalmer No. 2453

P. O. Address 2834 Gamble

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.